

# St. Bartholomew's Hospital



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### NOTICE.

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St. Bartholomew's Hospital Journal,  
OCTOBER 14th, 1894.

*"Æquam memento rebus in arduis  
Servare mentem."—Horace, Book ii, Ode iii.*

**N**O one, we think, will disagree with us when we say that the most important event in connection with the Hospital, which has transpired since the issue of the last number of the *Journal*, is the election of Mr. Jessop to the post of Junior Ophthalmic Surgeon to the Hospital.

When Mr. Power resigned his post of Senior Ophthalmic Surgeon a few months ago, and was appointed Honorary Consulting Ophthalmic Surgeon and a Governor of the Hospital, Mr. Vernon naturally succeeded him, and at that time there was very little doubt in the minds of Bart.'s men generally, but that Mr. Jessop, who for the last thirteen years had been a Demonstrator of Anatomy in the Medical School, would be Mr. Vernon's successor.

There were, however, a number of applicants for the post, all of whom ultimately retired from the contest with the exception of Mr. Jessop and Mr. Ernest Clarke.

Rumour then said that though Mr. Jessop was unanimously supported by the Staff of the Hospital, Mr. Ernest Clarke had considerable influence among the Governors, and

that there was every likelihood of a close fight. However, after much excitement on both sides, and reports of many amusing incidents in the progress of both canvassers, it became the general opinion that Mr. Jessop was the more strongly supported of the two; the correctness of this opinion was borne out by the result of the poll. Mr. Jessop coming in with 98 votes, while Mr. Ernest Clarke only obtained 27.

During the polling, even though the result was considered a foregone conclusion, the excitement was very great, a considerable number of men having gathered to hear the announcement at the door of the Great Hall.

The announcement that Mr. Jessop was elected was received with cheering, as also was Mr. Jessop when he descended the steps a few minutes later, looking a little pale, and appearing not to be altogether certain of his exact whereabouts.

Mr. Jessop sought shelter among a friendly group of members of the Staff, but with little success; there was a rush; the seat of a chair was pushed into the back of his knees, while several pairs of hands seized him by the shoulders from behind and pulled him back into it. Up went the chair, and round the square at a fast run; it is a pity that no one was taking the time, for the time round the square must have been really good. Mr. Jessop will, perhaps, at some future date write us a paper upon his experiences and the effects, physiological and psychological, of turning the corners of the square in an arm-chair shoulder high at top speed.

At the conclusion of his journey Mr. Jessop was raised higher still, while, in answer to shrieks of "speech," he expressed his thanks for the kind way in which his election had been received, and his affection for the Hospital.

Mr. Jessop has for many years been President of the Association Football Club, and has always taken the keenest interest in the success, not only of the Association Club, but of Athletics at the Hospital in every shape and form.

We congratulate Mr. Jessop heartily on his election, the more so, because we feel certain that his promotion will in no sense diminish his interest in the Hospital Clubs.

It is so seldom that a contest for election to the Staff of a Hospital is carried on up to the polling day—since one candidate is often so certain of success that the others retire—that we append a list of the last few elections which have been so contested, thinking that it may prove interesting to present-day students.

1881. March 10th.

*For Assistant Surgeoncy.*

Mr. Walsham .....	56
*Mr. Cripps .....	53
Mr. Shuter .....	33

\* On the occurrence of the next vacancy (March 2nd, 1882) Mr. Cripps was elected without opposition.

1882. March 23rd.

*For Assistant Surgeoncy.*

Mr. Shuter .....	127
Mr. Macready .....	48
Mr. Keetley .....	1

1883. December 20th.

*For Assistant Surgeoncy.*

Mr. Bruce-Clarke .....	81
Mr. Macready .....	49

1887. February 24th.

*For Assistant Physicianship.*

Dr. West .....	120
Dr. Kidd .....	32
Dr. Ormerod .....	11

1894. September 27th.

*For Junior Ophthalmic Surgeoncy.*

Mr. Jessop .....	98
Mr. Clarke .....	27

We give also the two following elections, though of much older date, because they were each keenly contested, and the names of the successful candidates are the names of men who require no introduction to Bart.'s men; the welcome given to Sir James Paget on Thursday evening testifies this with regard to one, and the popularity of *Kirkes' Physiology* with regard to the other.

1847. February 24th.

*For Assistant Surgeoncy.*

Mr. Paget .....	142
Mr. McWhinnie .....	78
Mr. Pennington .....	22

1854. June 7th.

*For Assistant Physicianship.*

Dr. Kirkes .....	116
Dr. John W. Hue .....	102

Mr. Pennington was the nephew of Pennington the well-known fashionable apothecary of his day.

With regard to the second election, it derives its interest from the fact that it resolved itself into a fight between the Staff and the Governors, the Governors supporting Dr. John Hue, while the whole of the Staff, with the exception of Dr. Jeaffreson (who was a personal friend of Dr. Hue), supported Dr. Kirkes, whom they succeeded in electing. It is said that the father of our present Treasurer, Sir William Lawrence, at that time Surgeon to the Hospital, and in memory of whom the Lawrence Scholarship was founded, was one of Dr. Kirkes' strongest supporters, and that he canvassed vigorously for him armed with a copy of *Kirkes' Handbook to Physiology*.

**Notes on Aseptic Surgery.**

By C. B. LOCKWOOD, F.R.C.S.,

Assistant Surgeon to the Hospital.

(Continued from page 184.)



N the last number of our Journal I tried to show that the first induction upon which aseptic surgery is founded ought to be mastered and believed.

This is easier than to master and believe the second, which says that suppuration, erysipelas, pyæmia, septicæmia, and other diseases of wounds are caused by bacteria introduced from without. The acceptance of this involves great responsibility, because it can, I think, be shown that even with our present means bacteria may be excluded from wounds, provided the means are used by those who hold the tenets of aseptic surgery and have been trained in its methods. Much remains to be done to perfect and simplify methods, and the practice of the future will doubtless be much more simple and certain than that of to-day.

It also follows that we must, with Grawitz and de Bary, repudiate the old theory that suppuration may be caused by thermal, mechanical, chemical, or electrical irritants. Thus, in the absence of bacteria, a foreign body, a tight stitch, a ligature, or tension of any kind cannot produce a drop of pus.

The bacteria found in wounds are usually micrococci and bacilli. As I am not writing for accomplished bacteriologists or finished surgeons, it may not be out of place to enter into a few details about these. The micrococci are spherical cells which multiply by fission, and always produce spherical cells. Each micrococcus consists of a delicate capsule filled with microprotein. When in the process of fission two micrococci adhere to one another, they form a *diplococcus*. When micrococci grow in chains, they form *streptococci*; and when in clusters, *staphylococci*. Micrococci resist heat for some time, and are most difficult to kill with chemicals.

The bacilli are bodies of which the length is greater than the breadth. The length may just exceed, or be twice, thrice, or many times as great as the breadth. They resemble micrococci in possessing a cell membrane and microprotein contents, and some kinds have, in addition, one or more spores. Some have delicate lashes or flagella at either end, by which they propel themselves through the fluids which they inhabit. Bacilli multiply by fission and by spores. In the former process a single rod divides into two, which may remain adherent by their ends (*diplobacillus*), or by a continuance of the process of growth and fission a long thread (*leptothrix*) may result.

The spores are minute oval or spherical cells, which appear as clear shining spots in the substance of bacilli. They serve to perpetuate the species, and after having been

quiescent for years may, when placed under favorable conditions of warmth, moisture, and of nutriment, sprout and give birth to bacilli the same as those from which they themselves sprung.

Spores are endowed with extraordinary tenacity of life. They resist for long periods considerable degrees of heat and cold, or the action of strong chemicals. In addition, both cocci and bacilli possess a covering of an albuminous substance, often mingled with fat (Macé). When this is coagulated by chemicals it adds greatly to the resisting power of the organism.

The prodigious rapidity with which bacteria multiply is shown by Macé's calculation. According to Cohn it took two hours for two bacilli to complete their fission into four. Calculating upon this basis, Macé says that in three days these would have produced four thousand seven hundred and seventy-two billions. To reassure us he adds that happily for man this prodigious fecundity is continually checked.

The various bacteria, in addition to warmth, moisture, and nutriment, require oxygen. Some flourish in the presence of free oxygen (aërobies), others (anaërobies) will not grow in the presence of oxygen. The latter are cultivated by bacteriologists in an atmosphere of hydrogen or nitrogen, or in sealed capsules. It is hard to imagine that a living thing can exist without oxygen, and it is almost certain that anaërobies obtain theirs from the substances in which they live. Finally, many bacteria live indifferently in either the presence or absence of free oxygen. It is simplest to call these *indifferent*. As bacteria grow they manufacture or excrete substances which are called ptomaines or toxines. Some of these are the most potent poisons known, and are comparable to morphine, atropine, strychnine, and muscarine. When Koch's treatment of tubercle by the injection of toxines manufactured by the tubercle bacillus (tuberculin) was in vogue, it was most striking to see an almost inappreciable dose send the temperature up to 105° F., cause erythematous rashes similar to a violent outburst of erysipelas, and in some instances almost kill the patient. Bacteria also act as ferment, and produce poisons by causing chemical changes in the substances in which they live.

At the outset of any inquiry into the truth of the second induction it is necessary to have a clear conception of what is meant when we say that bacteria are the cause of suppuration, erysipelas, pyæmia, septicaemia, or of any other disease.

Henle clearly pointed out, and Koch\* emphasised the requirements which must be fulfilled before any bacterium can be said to be the cause of a disease. First, it must be found in the blood or lymph or tissues of the diseased animal or human being; second, it must be separated and grown for many generations outside the body; third, the

\* *Microparasites in Disease*, New Sydenham Society's translation; *The Etiology of Tuberculosis*, by R. Koch, translated by Stanley Boyd.

pure cultivation must, when introduced into the healthy living body, produce the disease in question; fourth, the same bacterium must be found in the body of the animal experimented upon, and be capable of further growth and transmission.\*

These conditions have been fulfilled by many of the bacteria which are found in septic wounds; as examples may be cited *Staphylococcus pyogenes aureus*, *Staphylococcus pyogenes albus*, *Streptococcus pyogenes*, *Streptococcus erysipelatus*, *Bacillus septicus*, *Bacillus coli communis*, *tetanus bacillus*, *tubercle bacillus*, *anthrax bacillus*, and several others. Septic wounds, however, contain many bacteria, the properties of which are still uncertain. Some are pathogenic; others, perhaps, are non-pathogenic. But definite knowledge upon this point is not essential, because aseptic surgery aims at the exclusion of every kind, quite irrespective of their properties. No surgeon could, on this account, discard bacteriology. Many diseases are caused by bacteria, and can only be explained and understood with the help of knowledge gained in the bacteriological laboratory. Moreover, a knowledge of bacteriology is required for the scientific use of antiseptics and disinfectants. Therefore I propose now to give some further details about some of the wound bacteria which have fulfilled the requirements of Henle and Koch. *Staphylococcus pyogenes-aureus* comes first because it is, perhaps, found oftener than any other in acute suppurations and septic wounds. It has been proved to be the cause of a number of surgical diseases, amongst which may be mentioned acute suppurative periostitis, acute osteomyelitis, acute suppurative peritonitis, inflammatory wound gangrene, septicaemia, and pyæmia.

Eiselsberg† examined eighteen cases of acute suppuration to ascertain what bacteria were present. In eight, *Staphylococcus aureus* was found; in four, *Staphylococcus aureus* and *Streptococcus pyogenes*; in three, *Staphylococcus aureus* and *albus*, and *Streptococcus pyogenes*; in two, *Streptococcus pyogenes*; and in one, *Staphylococcus aureus*, *Staphylococcus albus*, *Streptococcus pyogenes*, and a bacillus.

Bassowski,‡ who investigated Professor Mickulicz's surgical cases by Koch's method of plate culture, found that the secretions of ten wounds out of fifty were sterile. Of the forty septic cases twenty-six contained *Staphylococcus albus*, but in eleven of these *albus* was mixed with other bacteria; nine contained *Staphylococcus aureus*, three being mixed. These septic cases usually suppurred; the sterile were healed by first intention. In examining wounds by culture methods I have found that much depends upon the degree of success with which asepsis is approached. Of late when asepsis has failed I have seldom found anything but skin bacteria in the

\* *A Manual of Bacteriology*, E. Crookshank, 2nd edit., 1887, p. 2; see also *Bacteria and their Products*, by G. Sims Woodhead, 1891.

† *Wiener medizinische Wochenschrift*, 1886, p. 133.

‡ "Vorkommen von Mikro-organismen in Operations-Wunden unter dem antiseptischen Verhandlungen," *Wiener medizinische Wochenschrift*, 1887, p. 258.

wounds which I have examined. Micrococci are often found in the vicinity of wounds which have healed by first intention. As a rule the presence of bacilli indicates grave faults in technique. This applies especially to the putrefactive bacilli. I now refrain from giving an opinion as to the bacteria in wounds, unless they have been investigated by plate cultures. This often reveals bacilli which were quite unsuspected; having been obscured by the more rapidly growing micrococci. The method of plate culture is of extreme importance, and as a means of investigation is often neglected. Statements made by those who do not use it are to be received with caution. Its principles are very simple. A minute particle of the suspected material is shaken up with half a test-tube full of sterilised distilled water. With a particle of this a liquefied gelatin or agar-agar tube is inoculated, poured into a shallow glass dish protected with a glass cover, and left to re-solidify in a wide-spread, thin layer. After a few days in the incubator the sparsely scattered bacteria begin to grow in separate and distinct colonies, from which pure cultures of the different species are easily started.

*Staphylococcus pyogenes-aureus* is spherical. Its diameter is about  $1\mu$ , but smaller or larger specimens are often met with, and cultures sometimes contain large cocci which stain badly.\* Doubtless the size of the cocci depends upon their age, their nutriment, the conditions under which they were grown, and upon the way in which the specimen was prepared for examination. The amount of heat used in drying has an obvious effect. The cocci also look smaller in sections of tissues.

*Staphylococcus pyogenes-aureus* grows in dense clusters like bunches of grapes, and with great rapidity, upon all kinds of nutrient media. Gelatine, agar-agar, and sterilised potato are the most convenient. It grows upon the surface and in the depths of the gelatine, being indifferent. On the surface it looks like a layer of gold-dust, and justifies its name *aureus*. At first the colour may be pale, almost white, but in twenty-four or forty-eight hours the golden tinge appears. Thus it is hazardous to pronounce too quickly upon the nature of a young culture. The pigment which is produced has a tendency to diffuse and stain the medium upon which the cocci are growing. This is best seen in agar-agar and potato cultures. The formation of this pigment has been supposed by some to account for the jaundiced hue which is seen in some cases of pyæmia. The pigmentation of cultures is deepest on the surface, and free oxygen is necessary for its proper production.† *Staphylococcus aureus* liquefies gelatine or solidified blood-serum with great rapidity. They are, I believe, peptonised by the microbe, which doubtless acts in the same way upon unorganised blood-clots within the body.

\* Cornil et Babes, *Les Bactéries*, 3rd edit., vol. i, p. 403, fig. 159; also Macé, *Traité pratique de Bactériologie*, 2nd edit., Paris, 1891, p. 265. Both of these books are most useful for reference.

† *Micro-organisms with Special Reference to the Etiology of the Infective Diseases*, Flügge, New Sydenham Society's translation, by W. Watson Cheyne, 1890, p. 185.

*Staphylococcus aureus* has an odour of pus when growing upon culture media.

The pathogenic properties of *aureus* have been abundantly proved. Self-sacrificing experimenters have caused acute suppuration in themselves with pure cultures. Garré rubbed one which had been obtained from a case of osteomyelitis into the skin of his arm. The result was a crop of furuncles, which occurred wherever the microbe had entered the cutaneous glands.\* But to cause suppuration quickly with cultures of *Staphylococcus aureus* it is usually necessary to introduce them in considerable numbers. Small doses are, however, efficacious if a *locus minoris resistentiae* has been made before the injection. Messrs. H. Waterhouse and Pridie found that a dilute solution of *Staphylococcus aureus* could be injected into their cellular tissues without result. But if the part experimented upon had previously been constricted for three hours with a rubber ring an abscess followed.†

Bumm also injected pure cultures of *Staphylococcus pyogenes-aureus* into the subcutaneous tissues of his own arm, and into the arms of two other persons. Acute abscesses developed in each case, and some of them became as large as a fist before they were opened. The pus contained *Staphylococcus aureus*. Similar results have been obtained by Bockhardt.‡

The experiments of Grawitz, Wegner, Waterhouse, Rinne, Fraenkel, and others show that small doses of *Staphylococcus aureus* may be introduced without ill result into the cavity of the peritoneum. But suppurative peritonitis follows if the serous membrane be previously damaged by the drying due to exposure to air, by the action of chemicals, by tearing or laceration, or if foreign bodies or blood-clots were present. The same results have been obtained with other bacteria, especially the *Bacillus coli communis*. Obviously the above favorable conditions often occur in surgery.

I have at various times seen what power *Staphylococcus aureus* has of causing suppuration and pyæmia, the first cousin of suppuration. In March, 1890, I had a youth aged fourteen years under my care in the Great Northern Hospital. He was supposed to have had an attack of acute rheumatism. He came three weeks after its onset, with the usual signs of acute synovitis of the hip, very ill, with a temperature of  $101^{\circ}$  F. Some pus was removed with an aspirator from the neighbourhood of the hip-joint. In a few hours the culture media which had been inoculated with it contained *Staphylococcus aureus*. The hip was cut into, and the upper epiphysis of the femur found to be almost detached by acute suppuration at its junction with the shaft. Some of the culture of *Staphylococcus aureus* was mixed with salt solution until the fluid looked milky. Six drops of this solution were injected

\* *Ibid.*, p. 187.

† Herbert J. Waterhouse, *An Experimental Inquiry into the Influence of Certain Factors in the Causation of Peritonitis*, Prize Thesis, Edinburgh, 1889. For an abstract of this excellent thesis see *Virchow's Archives*, 1890.

‡ *Surgical Bacteriology*, Nicholas Senn, Edinburgh, 1889, p. 85.

into the auricular vein of a strong and healthy rabbit. In ten days the animal became paraplegic, and on the twelfth it was killed. It had suppuration around the lumbar part of its spinal cord, suppurative nephritis, and retention of urine. *Staphylococcus aureus* was grown from the abscess round the cord, but the urine was sterile, probably because only the clear part of it, and not the turbid sediment, was used for inoculation. The kidneys contained quantities of micrococci. To make this case complete the rabbit ought to have died of epiphysitis, but it is sufficient to note that the microbe caused a virulent suppuration, similar to that from which it came. But, as a matter of fact, *Staphylococcus aureus* has now been used so much by experimental pathologists that it is as well known as anthrax.

If a specimen of pyæmia was wanted for the bacteriology class I merely injected a solution of *aureus* or of *Streptococcus pyogenes* into a rabbit's veins, and felt almost sure of obtaining what was wanted.

Too much stress is not to be laid upon inoculation experiments performed upon animals. The effects of bacteria are very variable. For instance, the bacillus of mouse septæmia is fatal for house mice, whilst field mice are unhurt by it.\* Anthrax kills European sheep, but is resisted by Algerian except in massive doses;† and *Streptococcus pyogenes* seems to be most pathogenic for mankind, although, like others, I have had difficulty in producing with cultures of it disease in rabbits and guinea-pigs.‡ Anthrax is hardly at all pathogenic for dogs, although it kills sheep and cattle.§ But the natural immunity which some animals enjoy can be abolished by suitable means. For instance, Pasteur found that fowls did not die of anthrax unless they were made ill, and their temperatures lowered by immersion in cold water. Frogs, on the other hand, were insusceptible to anthrax until they were kept in warm water. It is probable that similar influences affect the action of *Staphylococcus aureus* and of other bacteria.

Many of the experiments which are narrated require to be accepted with caution. Owing to their close resemblance I have little doubt but that observers have hitherto failed to differentiate between some kinds of pathogenic and non-pathogenic cocci and bacilli. For instance, Bossowski|| has described a micrococcus which has the closest resemblance to *Staphylococcus aureus*, and which he calls *Staphylococcus gilvus*. It liquefied gelatine more slowly than *aureus*, and was

\* Koch, *Traumatic Infective Diseases*, New Sydenham Society's translation, by Watson Cheyne, 1880, p. 33.

† Chauveau, *Comptes rendus de l'Académie des Sciences*, 1879, vol. lxxxix, p. 498.

‡ *Micro-organisms in Human Traumatic Infective Diseases*, Rosenbach, New Sydenham Soc., 1886, p. 408, translated by Watson Cheyne.

§ See papers by Pasteur, translated by Dawson Williams, *Micro-parasites in Disease*, New Sydenham Soc., 1886. This is a most valuable volume, and contains several most important monographs.

|| "Vorkommen von Mikroorganismen in Operations-Wunden unter dem antiseptischen Verbande," *Wiener med. Wochenschrift*, 1887, p. 256, &c.

non-pathogenic for rabbits. It is said that the wounds in which it was found did not suppurate.

Under the name of *Staphylococcus albus* many kinds of bacteria have doubtless been included. Welch\* has described a micrococcus which is a constant inhabitant of the skin, and which he calls *Staphylococcus epidermidis albus*. It bears the same relation to *Staphylococcus albus* as *gilvus* does to *aureus*.

Independently of Welch I have myself † described a *Diplococcus epidermidis albus* which is very like *Staphylococcus pyogenes albus*, and was found in the vicinity of antiseptic wounds. I have very frequently met with it since both in wounds and in broth into which skin has been dropped. I am by no means sure that it is the same as the *Staphylococcus epidermidis*. It produces a peculiar odour as it grows, such as is smelt when uncleanly people remove their vestments. It seems to have no effect upon rabbits when injected into their blood, nor does it cause suppuration when squirted under the skin.

*Staphylococcus pyogenes-albus*, which has been referred to so often, has the closest resemblance to *Staphylococcus aureus* in everything except colour. Grown upon culture media, however, it lacks the golden hue, and is white, as its name implies. Much remains to be done to clearly differentiate *Staphylococcus albus* from the various bacteria which resemble it so closely in everything but its pathogenic properties.

(To be continued.)

### Clinical Sketches.

By W. P. HERRINGHAM, M.D., F.R.C.P.,  
Medical Registrar.



THE following case illustrates the relief of cardiac distress by leeching:

F. A.—, a girl of 17, was admitted on September 10th (Elizabeth Ward, Sir Dyce Duckworth) with symptoms of heart disease of long duration. There were signs of general cardiac dilatation (? adherent pericardium) and a double mitral murmur. Ascites was present, and there was a large amount of albumen in the urine. The liver was much enlarged. She could not lie down. The lungs were evidently oedematous, resonance being diminished at both bases, and moist sounds being everywhere audible. She was kept in bed, and treated at first with digitalis and iron, then, as she did not improve, with citrate of caffeine and nux vomica; she had light meat diet and brandy 3ss.

Her distress was increased by symptoms of gastric catarrh, loss of appetite, flatulence, nausea, and vomiting. Various changes in the diet were made, but without effect.

On September 25th three leeches were put on over the liver, with great relief to all the above symptoms, especially the nausea and vomiting and the general malaise.

For several nights after the leeching she slept much better, and expressed herself as generally greatly relieved.

Remarks by Sir Dyce Duckworth.—The results of the above treat-

\* "Conditions underlying the Infection of Wounds," *American Journal of the Medical Sciences*, 1891.

† "Further Report on Aseptic and Septic Surgical Cases, with Special Reference to Infection from the Skin," *British Medical Journal*, May 28th, 1892.

ment were very noteworthy. The same course was followed in the case of a young girl presenting similar conditions, who was in Elizabeth Ward three months ago. The vascular tumidity of the liver, with the accompanying plethora of the entire portal venous system, leads to an abiding condition of catarrh of the whole alimentary mucous surface. This varies in degree from time to time in any given case according to the effects of treatment, exposure to chill, or the amount of relief afforded by the bowels, kidneys, or skin. With increase of venous engorgement there is apt to come on in the later stages of cardiac dilatation the symptoms described in the foregoing case, entire loss of appetite and a semi-collapsed condition. Digitalis and other commonly approved remedies fail to do good, or are rejected, and the outlook is as grave as can be. If depletion of blood be now practised by means of leeching over the liver, the most marked improvement is likely to be seen within four or six hours, and a new lease of comfort is secured. It is not improbable that a greater measure of relief is afforded by abstraction of blood in this fashion than by ordinary venesection. The value of a nightly dose of blue pill in cases such as the above remains to be mentioned, and this can seldom be dispensed with.

## The Objects and Methods of the Study of Anatomy.

By H. J. WARING, M.S., B.Sc., F.R.C.S.,  
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T the commencement of every winter session, the majority of our new students commence the study of Human Anatomy, and to very many of them the reasons why and wherefore they are told to learn anatomy so carefully appear obscure, or even incomprehensible. In the following paragraphs the main points in connection with the objects and methods of the study of Anatomy are discussed.

### OBJECTS.

1. *The attainment of an intimate and exact knowledge of the structure of the human organism.*—No one can become an intelligent student or practitioner of medicine and surgery until he has acquired a considerable amount of knowledge of the anatomical structure of the human body, and on this account, it behoves every student to make the best use of all the opportunities which are afforded him of learning anatomy, so that when the time comes for him to begin his work in the wards or out-patient departments, he may be able to benefit to the full extent by the courses of instruction there given.

The study of anatomy precedes to some extent the study of physiology, since it is requisite that everyone should have a definite idea of the various structures and organs, the functions and uses of which in the animal economy, are taught in the physiological laboratories and lecture theatres.

2. *To train the student in the acquirement of the art of observing minute details.*—This is a very important faculty for the students of medicine to possess, and in order to acquire it, careful attention must be given to practical anatomy and dissection. By repeatedly observing the origin, course, and distribution of the various anatomical structures, their relation to one another and to the surface of the undissected body, and the fixation of these facts in the

memory, in a short time the industrious student will find that he has unconsciously acquired the art of observing minute details, differences of structure, and relative position, which will be found of enormous value to him when he has to learn how to diagnose, and then treat the patients coming under his observation and suffering from different ailments.

3. *Acquirement of manual dexterity.*—The performance of all surgical operations, however slight and trivial, requires that the operator should possess a fair amount of manipulative skill, otherwise the results are liable to be very unsatisfactory. In order to acquire this manipulative skill, the young student of medicine cannot do better than take great pains over his dissections, since by doing this he accustoms his hands and fingers to the use of scalpel and forceps, and at the same time, if he carefully note and observe every structure which is thus displayed, he easily and readily acquires an exact and definite idea of the anatomy of the part which is being dissected.

4. *The development of the reasoning faculties.*—As the faculty of observation becomes developed the reasoning powers at the same time are brought into play. Thus when the student has observed the minute structure, shape and form of muscles and joints, and has also seen the parts of the bones to which the muscles are attached, then by a process of reasoning the movements which will take place when a certain muscle or group of muscles contract can be foretold. In this way the knowledge of physics and mechanics which has been acquired at an earlier period is made use of.

5. *To enable the student to pass his anatomical examination.*—This, from the student's point of view, is very often the sole object of the study of anatomy, and as soon as this object has been attained, anatomy becomes, as far as he is concerned, a dead science.

Every man who pursues the study of anatomy with the objects in view as detailed in the preceding paragraph, will never have any difficulty in passing his anatomical examinations. If, however, the subject is crammed up during the last few weeks by continuous reading, failure will be very common. All anatomical examinations (with one or two exceptions) are essentially practical, and often the student who, by cramming, has succeeded in doing a fair paper, comes hopelessly to grief over the *viva voce* on the dissected subjects, which are found in every anatomical examination room. Moreover, the student who has crammed anatomy, and has never really understood it, stands at a disadvantage with his fellows when he commences clinical work. This is especially the case in surgery, and usually a good practical anatomist soon and easily acquires a comprehensive knowledge of surgery.

### METHODS.

1. *By dissection.*—This is the easiest and best method of the study of anatomy. Frequent visual observation of the various structures exposed by the scalpel and dissecting for-

ceps cause a definite idea to be impressed upon the brain, which is far more likely to be retained than when an account of the same structure is read from a text-book alone. Anatomical facts which are learned from statements in books are very soon forgotten, and when retained the reproduction of them by the psychical processes of memory is usually much slower and takes far longer than when the same facts have been learned by visual observation of the part concerned.

On all points it is advisable that the student should pay continued attention to practical dissection.

*2. By the study of comparative anatomy and embryology.*—A knowledge of comparative anatomy and especially embryology helps very considerably the explanation of some of the obscure points in human anatomy. We find in the adult many remains of foetal structures, which when seen in their rudimentary condition appears to be useless appendages. If, however, we consider what has been their rôle in embryonic or early life, then we easily understand their significance. Many of the so-called anatomical abnormalities or variations can be readily explained by a reference to development. In the study of surgery a knowledge of the ontogeny of the individual is very advisable, since many congenital malformations which require an exact diagnosis can be easily understood, if the way in which the parts affected have been developed is known.

Hence from both an anatomical and surgical point of view it is advisable to recommend that every student of medicine should master the elements of embryology.

*3. By the study of sections.*—The study of sections of various parts of the human body made in various directions is a most valuable method, and one which is too little made use of at the present time. Every student, when he is dissecting any "part," should refer to sections of the part concerned. By doing this he is enabled to gain a much more exact idea of the relations which the various structures have to one another, and also to see what is their relative position as regards the surface of the body. If this advice is followed the student will gain a good knowledge of topographical anatomy, which is a most important factor in surgery, and which also is of the greatest value in many of the higher anatomical examinations.

In the gallery of our dissecting room there is a large number of sections of various portions of the body which are permanently mounted in spirit, and every student is strongly recommended to make a frequent study of these, especially those which are the same as the region which he is dissecting.

*4. By the study of diagrams, plates, and models.*—Diagrams and plates are only of use in showing what is to be found on actual dissection. It is impossible to learn anatomy from these alone. They should be used for refreshing one's knowledge of a part which has already been dissected, and then only when it is not possible to see the part itself. Models are rarely correct, hence on this account it is not

advisable to learn too much from them. In some cases, however, they are very useful; especially in studying the anatomy of the ear, when it is often quite impossible to find the various structures in the "parts" in the dissecting rooms. Models when correct are far preferable to diagrams and plates; and should be used when the actual parts cannot be had.

*5. Learning by rote.*—Anatomy cannot be learnt in this way. Some facts it is necessary to learn thus, but in every case when it is possible, anatomical structure must be seen, and compared with the description in the text-books.

### Flatulent Dyspepsia and its Rational Treatment.

By W. ERNEST MILES, F.R.C.S.Eng.,  
*House Surgeon to the Metropolitan Hospital.*



LATULENT dyspepsia is admittedly one of the most common of diseases that are encountered in the daily routine of the out-patient practice of our general hospitals, as well as in that of private practice. It may perhaps be regarded as a fashionable disease, particularly among women; and has been classified as a slight ailment in spite of its notoriety in proving itself rebellious to ordinary methods of treatment. To establish the treatment of this, as of any other disease, upon a sound and rational basis, and also to define with exactitude the disease in the relation of cause and effect, has always been our chief aim; and until this has been accomplished, no measure of success can be hoped for. Moreover, I deem it the bounden duty of any member of our profession, who may have conducted the treatment of any particular disease upon any special line, to publish his results, more especially if he has met with reasonable success. These considerations constitute my apology for writing this paper on the antiseptic treatment of flatulent dyspepsia, and though lamenting the paucity of the material at my command, I trust that the hitherto satisfactory results that I have obtained may induce others to give the treatment a fair trial.

*Causes.*—Various hypotheses have from time to time been put forward to account for the production of flatulent dyspepsia, which may in general be summed up as follows: the assumption that persons suffering from this disease lack a something (very vague) in their digestive apparatus which frustrates normal and healthy digestion; the existence of a general atony of the alimentary canal, due to some debilitating cause, such as anaemia, whereby the active muscular movements, necessary for the satisfactory performance of the digestive process, are impaired or lost; a deficiency of pepsin or an excess or scantiness of hydrochloric acid in the gastric juice. The above may certainly be factors in the production of the disease in question, but that they constitute the sole agencies is very much open to question.

Recently the idea has been conceived that the numerous micro-organisms that infest the alimentary tract may perhaps play an important part in the production of dyspepsia, and this assumption is reasonable when we reflect upon the nature of our food-stuffs. By far the greater portion of these are of highly putrescible material, that is to say, they are capable of undergoing decomposition when exposed to the action of the air for a sufficient length of time. Such decomposition is well known to be brought about by the action of saprophytic micro-organisms which gain access to all decomposable material from the surrounding atmosphere. Since, then, a large proportion of our food contains micro-organisms which are instrumental in bringing about the decomposition of such food, it is evident that vast numbers of these organisms are introduced into the alimentary canal at each meal. The process of cooking ensures for the time being the effectual destruction of micro-organisms contained in food, and may be regarded in the light of a sterilising agent, but the sterilisation thus brought about is not maintained when cooked food is allowed to again come into contact with the atmosphere for any length of time before being eaten. Cultivation experiments have shown that bread fresh from the oven contains comparatively few organisms, and that stale bread contains them in large quantities. Such articles of diet as cheese and butter are well known to contain numerous organisms.

*Action of Micro-organisms in the Alimentary Tract.*—Though the alimentary canal is habitually infested with micro-organisms introduced from without, yet their instrumentality in the production of digestive disturbances is determined in great measure by the health of the individual. A man who is in robust health and whose gastric secretions are not impaired does not suffer from their action, mainly because healthy gastric juice is antagonistic to their growth. On the other hand, those who are in feeble health, who lead sedentary lives, in whom a general atonic condition of the alimentary canal exists, and whose gastric juice is produced in insufficient quantity, are readily affected. In these latter the food remains in the stomach and small intestine for a longer time than is natural, and the organisms, unmolested, create in it fermentation, putrefaction, and the formation of ammonia compounds—amines. The organisms also during their growth elaborate certain alkaloidal substances—ptomaines, which when absorbed give rise to a species of toxæmia. In this connection Prof. Bouchard well observes that "Man is, every moment of his life, running the risk of being overpowered by poisons generated within his system, and self-poisoning is only prevented by the activity of his excretory system."

*Treatment.*—Hitherto, no clear conception having been formed concerning the real exciting cause of flatulent dyspepsia, all cases of this disease have been treated in more or less of an empiric fashion. Drugs, such as sodium bicarbonate and subnitrate of bismuth, have been pre-

scribed indiscriminately in all cases, their *modus operandi* being for the most part a matter of speculation. This method was supplemented by strict injunctions as to the preservation of the general health by careful dieting and the like. Surely it cannot be a matter of surprise that this disease has proved itself rebellious to a line of treatment formulated upon such flimsy hypotheses as to the nature of its cause. Indeed, it was not until Bouchard gave us more definite ideas of normal and abnormal intestinal processes that a rational method of procedure in the treatment of these cases has been conceived. Having convinced himself of the important rôle played by micro-organisms in bringing about abnormal decomposition of the intestinal contents, he deemed it feasible to attempt to attack such organisms by a suitable antiseptic, and it is to him that we owe the chief advancement that has been made in this direction.

*Intestinal Antiseptics.*—To obtain an antiseptic that would be sufficiently insoluble to remain a certain length of time in contact with the gastric and intestinal contents presented the greatest difficulty in this treatment. Bouchard first drew attention to the antiseptic properties of the naphtholic group, and his experiments were in the main confined to the use of  $\beta$ -naphthol. This substance, however, was found to irritate the gastric mucous membrane, and therefore its use became limited. To overcome this a compound of  $\beta$ -naphthol and salicylic acid was prepared; but this also did not afford satisfactory results, since the acid exerted injurious influences upon the kidney in some cases. Yvon and Berlioz then prepared a benzoate of naphthol or benzo-naphthol, by the action of benzoyl-chloride on  $\beta$ -naphthol, which substance was found to be free from the injurious properties of the above mentioned.

*Benzo-naphthol.*—Since this drug is the one with which the greatest success has been achieved in the antiseptic treatment of flatulent dyspepsia, and about which I shall relate my personal experience, it would perhaps not be out of place here to put my readers in possession of a few facts concerning the chemical and physiological properties of the drug, and at the same time briefly to refer to the chief experiments that have been made in connection with it.

*Chemical Properties.*—Benzo-naphthol is a white crystalline powder, free from taste and possessing only a slight odour, and insoluble in water at ordinary temperatures. In alcohol it is more soluble, from which it can be re-crystallised in long needles; these needles have definite microscopical appearances, and can readily be recognised. The best solvent of this powder is chloroform. A hot alcoholic solution should not give any cherry-red coloration when an equal volume of  $\text{HNO}_3$  and a few drops of mercurio-nitrate solution are added, which would indicate the presence of free  $\beta$ -naphthol. Apparently dilute acids exert no action upon benzo-naphthol, but alkalies are able to split it up into its component parts, viz.  $\beta$ -naphthol and benzoic acid.

*Physiological Properties.*—When introduced into the

stomach, benzo-naphthol remains undecomposed, but upon passing into the small intestine it is acted upon by the alkaline secretions and split up. Having reached the small intestine, the liberated naphthol is able to exert its disinfectant action upon the contents, and gradually becomes absorbed. Soon after administration the urine contains both benzoic and hippuric acids. If the contents of the stomach are examined after the administration of the drug, the characteristic needles can be recognised microscopically, but the faeces do not show their presence. Dominici of Paris experimented physiologically with benzo-naphthol, and found that small doses caused quick and abundant diuresis in guinea-pigs; larger doses caused more intense and abundant diuresis with slight elevation of temperature. Very large doses were given before any deleterious effect was produced.

**Experiments.**—Prof. C. A. Ewald, of Berlin, demonstrated the anti-fermentative action of benzo-naphthol at a meeting of the Berlin Medical Society.\*

He exhibited three pairs of Pavé tubes containing diarrhoeal intestinal matter taken from different patients. One of each pair had been treated with 1 gm. of benzo-naphthol, the others being kept for comparison, and the height of the gas volume generated was estimated after forty-eight hours in the incubator. At equal temperatures and pressure, this measured in the first pair 2 cm. (with benzo-naphthol) and 7 cm. (without benzo-naphthol); in the second pair 3·6 cm. and 9 cm. respectively; in the third pair 2·5 cm. and 11·4 cm. respectively. From these results it may be inferred that benzo-naphthol possesses a distinctly anti-fermentative action on the contents of the intestines. From the above it may be concluded that the antiseptic properties of benzo-naphthol are undoubtedly due to the naphthol that is liberated when the drug is acted upon by the alkaline intestinal juices. It possesses the advantage over  $\alpha$  and  $\beta$  naphthol in that it does not irritate the mucous membrane, and being tasteless and odourless it is convenient for internal administration.

Cases of flatulent dyspepsia, in which there is an atonic condition of the intestines and chronic intestinal catarrh, caused by abnormal decomposition and formation of gas, are pre-eminently those which the internal administration of benzo-naphthol is likely to benefit. During the past eighteen months I have given this treatment an extended trial, and have so far met with satisfactory results. The subjoined are a few of the more typical cases that I have subjected to the antiseptic plan of treatment.

**CASE I.**—E. H. female, æt. 30, unmarried, well nourished though slightly anaemic, has for years past suffered habitually from flatulent dyspepsia. Her appetite is good, but after meals suffers from flatulence with great discomfort and a sense of distension at the epigastrium. The flatulence is most marked for a few hours after food, and then subsides

with eructation. At times has severe attacks of palpitation. The abdomen is habitually distended with gas, and sonorous borborygmi are present, greatly adding to the patient's discomfort. At times is troubled with nausea, but is never actually sick. Has never at any time vomited blood. Suffers from constipation. Feels languid and averse to bodily and mental exertion. Irritability of temper also manifests itself.

April, 1893.—Benzo-naphthol ordered in ten-grain doses to be taken three times a day during each meal, and continued for a month.

May, 1893.—Condition has greatly improved; experiences very little distension after food. The abdominal distension has greatly subsided, and the borborygmi are much less frequent. Bowels are more regular, and her general health is improving.

July, 1893.—Improvement continues with use of benzo-naphthol. There is now no abdominal distension, and borborygmi are absent. Feels much better in herself, and capable of more exertion. Is less anaemic.

**Remarks.**—The use of benzo-naphthol has materially improved the patient's condition in this case. This is most marked in the disappearance of the abdominal distension. Up to the present she is seldom troubled with flatulence, and when this occurs she finds great relief from a dose or two of benzo-naphthol.

**CASE II.**—E. F., female æt. 32, married, one child, has for years suffered from a feeling of discomfort and distension after food. Is well nourished, rather pale and sallow in complexion, and, as a rule, active in her habits. At times is quite free from discomfort after food, but suffers from repeated attacks. Bowels habitually confined. Complains that she always feels hungry after having partaken of a meal. Suffers from nausea after eating, but is not actually sick. At times has acute pain below and to the left of the ensiform cartilage and her heart palpitates. Feels as though she were blown out, and eructates freely. Sonorous borborygmi are also present. When in this condition feels drowsy, lazy, and incapable of any mental exertion. Has a sour taste in her mouth, and her breath has an acid smell.

June, 1894.—Benzo-naphthol ordered in ten-grain doses to be taken during each meal. She was also directed to take one tabloid of Cascara Sagrada every other night to relieve constipation.

July, 1894.—Marked improvement. Feeling of discomfort and distension after food has almost entirely disappeared; does not feel sick after meals, and is not troubled with eructation. Bowels act regularly.

**Remarks.**—In this case, as in the foregoing, the use of benzo-naphthol has been attended with marked success. Patient still continues to use the drug, and expresses herself as being like a new person. She has not experienced an acute attack since the commencement of the treatment.

CASE III.—J. H., male, æt. 40, complains that, for some time past, he has suffered from dyspeptic symptoms. He has eructations, a feeling of fulness after meals, and occasionally palpitation of the heart. His bowels are irregular and constipated, and after taking purgatives passes watery stools containing hard scybala. Passing flatus affords him great relief. Suffers periodically from colicky pains in the abdomen, followed by diarrhoea, the stools smelling very offensively. His appetite is good, and he is temperate in his habits. He is anaemic, and suffers from great irritability of temper.

June, 1894.—Ten-grain doses of benzo-naphthol ordered to be taken during each meal, and a plain water-enema used every morning with a view to assisting the passage of scybala.

August, 1894.—The result of the treatment was very gratifying. He has had no attack since the commencement of the treatment, and all of his dyspeptic symptoms have disappeared. His bowels act more regularly and his stools are much less offensive. His general health has greatly improved.

*Conclusion.*—The above are three of the more typical cases that I have subjected to the antiseptic plan of treatment by benzo-naphthol. In them there was undoubtedly present a general atonic condition of the intestines and chronic intestinal catarrh, caused by abnormal decomposition in the intestinal contents, accompanied by excessive formation of gas. That the treatment was effectual in the above-cited cases is sufficiently evidenced by the results. I may here point out that in the treatment of these cases attention must be paid to the general health, and to ensure a regular action of the bowels, either by a mild laxative or by simple enemata, is of paramount importance. As regards the mode of administration of benzo-naphthol, the most convenient way is to spread the powder upon a piece of bread and butter; the peculiar insolubility of the drug renders this mode of administration almost a necessity. During my whole experience in the use of benzo-naphthol, I have never found any ill effect follow an administration extended over many months in succession, and careful inquiry has not enabled me to elicit from patients so much as a slight increase in the renal secretion, which, as we have seen above, is an effect readily produced in guinea-pigs by comparatively small doses.

September 30th, 1894.

### Notes.

At the Sanitary Congress held at Liverpool last month, Dr. Klein, F.R.S., was President of one of the Sections and delivered an address on the "Etiology of Typhoid Fever." Referring to the belief that the non-specific *Bacillus coli* is capable of changing into the specific bacillus of typhoid, Dr. Klein brought forward many facts to show that there is no sufficient evidence to justify this conclusion.

MR. W. H. JESSOP has resigned the post of Senior Demonstrator of Anatomy. Mr. Jessop has held office as a teacher of Anatomy in the "Rooms" for thirteen years, a period which has seldom been exceeded.

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DR. LAUDER BRUNTON, F.R.S., has been selected by the Royal College of Physicians to deliver the Harveian Oration on Thursday, October 18th, at 4 o'clock.

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AT the first M.B.Durham, H. J. Godwin and B. C. Green have passed in Chemistry and Chemical Physics with Botany and Medical Botany, and H. E. M. Baylis has passed in Botany with Medical Botany.

\* \* \*

AT the second M.B.Durham in Anatomy and Physiology a Bart.'s man,—Edward Turner, M.R.C.S., L.R.C.P.,—was at the head of the list with first-class honours. Amongst others who passed are:—H. E. M. Baylis, H. J. Godwin, and P. W. James.

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AT the final L.S.A. Examination, A. P. Woollright passed in Forensic Medicine, and having now completed the examination has taken the diploma.

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J. C. HOYLE, M.R.C.S., L.R.C.P., D.P.H., has taken the degrees of M.B. and B.S. in the University of Durham.

\* \* \*

WE regret to announce that Dr. Kanthack has been suffering from an attack of enteric fever. He is now convalescent and has gone away for a holiday. He will not return till January.

\* \* \*

IN consequence of Dr. Kanthack's absence there will be no classes in Microscopic Pathology before January.

There will be a course of Elementary Bacteriology in November.

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WE intend to issue with the next number of the *Journal* a picture of the new Pavilion at Winchmore Hill as it will appear when completed.

\* \* \*

WE print the following extract from the "Student" number of the *Lancet*, because it relates to a matter which, we think, cannot be too strongly impressed upon Freshmen. We refer to the much-vexed question of men playing for outside clubs when wanted for the Hospital Team, and we entirely endorse the statements made by the *Lancet*:

Speaking of the lamentable lack of enterprise in the doings of the United Hospitals as a whole, the *Lancet* says: "Eight or ten years ago the United Hospitals could, in either of the national games, place a very formidable team in the field, but now a different order holds good."

Last year the United Hospitals Cricket Team played only one match, and the Rugby Football Team none at all. This state of affairs is no doubt largely due to the fact that many of the best athletes at the hospitals are fond of playing for outside clubs, a practice which cannot be too strongly deprecated.

Each member, until "out of his year," should play, as far as possible, for his hospital or for the United Hospitals alone.

With regard to the various competitions, the greatest amount of interest usually centres in the Rugby Football Challenge Cup, which

again fell to St. Thomas's, who also retained possession of the cups for lawn tennis and rifle shooting.

Guy's proved their supremacy in cricket and association football. St. Bartholomew's obtained the much coveted Athletics Challenge Shield after an exciting competition, and the Rowing Cup fell to St. George's.

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THE new specimens, which have been added to the Museum during the past year, were, as usual, on view from the 1st to the 14th of the present month: many of them were of great interest, and the collection was quite up to the average. Among the rarities we noticed—

(i) A very unusual case where true ossification had occurred in the synovial membrane of a knee-joint as the result of chronic inflammation started by an injury many years previously.

(ii) A series of no less than four cases of excision of the caecum, out of which three recovered from the operation.

(iii) Two cases of intra-cranial suppuration following otitis media; in one case the abscess formed in the temporo-sphenoidal lobe, in the other in the cerebellum.

(iv) The brain from a very extreme case of internal hydrocephalus where the brain substance has almost entirely disappeared.

(v) A stomach enormously distended, and capable of holding no less than ten pints of fluid, the cause being a malignant stricture of the pylorus.

(vi) And a remarkable case of transverse hermaphroditism in the male, where the testes had not descended from the abdomen, but occupied the position of the ovaries on either side of a greatly hypertrophied male uterus.

There were, however, over a hundred specimens preserved in spirit, besides some excellent casts taken by Ernest Shaw, the Museum assistant, and a collection of over sixty drawings by Mr. Leonard Mark; each specimen had its proper description from the official catalogue, which greatly assisted in looking over them.

\* \* \*

ON Thursday evening, October the 11th, Sir James Paget delivered the Inaugural Address, opening the One Hundredth Year of the Abernethian Society's existence; the subject being, "Scientific Study in the Practice of Medicine and Surgery."

The Address was given in the Anatomical Theatre, which was crowded, the gallery even being called into use.

Over 500 people were present, including many members of the Staff, several of whom brought lady visitors, and nearly ninety nurses.

A full report of the meeting, together with a *verbatim* report of Sir James Paget's address, will be given in the next number of the Journal, but we cannot refrain, though on the point of going to press, from endorsing Mr. Marsh's statement, when proposing the vote of thanks to Sir James, that the occasion would become an "annual" in the history of the Society, and that everyone who had heard Sir James's address would, throughout the rest of his life, be proud to remember that he had been present.

AT the moment of going to press, we hear that Mr. H. J. Waring, M.S., B.Sc., F.R.C.S., has been appointed Senior Demonstrator in Anatomy, in place of Mr. Jessop; that Mr. R. C. Bailey has been appointed Demonstrator in Anatomy, in the place left vacant by Mr. Waring's appointment; while the ranks of the Assistant Demonstrators have been recruited by the appointment of Mr. A. N. Weir.

## Amalgamated Clubs.

### NEW MEMBERS.

E. W. Groves.	G. B. Nicholson.
E. V. Lindsey.	E. Russell-Risien.
J. Hussey.	S. Verdon-Roe.
E. D. Smith.	W. H. Randolph.
P. P. Lal-Atal.	F. E. Everington.
A. Thompson.	A. G. Ede.
J. A. West.	C. S. Scott.
S. Stevens.	H. B. Butler.
J. E. Sandilands.	A. L. Vaughan.
J. Gutch.	T. E. C. Cole.
C. A. S. Ridout.	C. H. Turner.
H. P. Plachecki.	F. C. Borrow.
H. M. H. Melhuish.	W. E. Graham.
A. E. Carsberg.	F. H. Wood.
E. Wethered.	C. S. Hawes.
G. J. A. Leleczio.	A. L. Ormerod.
T. B. Haig.	F. V. Bice.
A. B. Pugh.	T. H. Gandy.
A. E. J. Lister.	S. Bennett.
R. Walker.	A. Hawkins.
R. T. Cooke.	W. Langdon Brown.
P. G. Harvey.	R. Bigg.
A. H. John.	A. A. Meaden.
Henry Mills.	J. C. Marshall.
C. C. B. Thompson.	W. M. James.
C. C. C. K. White.	W. C. Douglas.
H. G. Pinker.	A. J. W. Wells.
S. P. Trood.	A. B. Brown.

### THE CRICKET SEASON OF 1894.

THE cricket season of 1894, though not as successful at the end of the season as at the beginning, may be fairly said to be the best season the Hospital has had for the last two or three years. The First Eleven played 14 matches: of which 7 were won, 2 drawn, and 5 lost. The Second Eleven, which was started as an experiment this year, played 3 matches, all of which ended disastrously. The share St. Barts. took in the Inter-Hospital Cup Competition was decidedly disappointing, as after going through two rounds successfully with London and St. Mary's, we succumbed in the semi-final to St. Thomas's—a match which was thrown away by wretched fielding. Taking a summary of the different departments of the game, the batting may be said to have been very fair. All the members of the Cup team have averages of double figures, the team being right through a batting team, so that the last wicket in several instances came to the rescue with a very useful stand when things were going badly. The bowling, as seen by the averages, proved to have been better than expected, for the five regular bowlers each took over twenty wickets apiece. Of the fielding of the team the less said the better. It was wretched, and was not worthy of a second-rate scratch team. It is not too much to say that several matches were lost through our weak fielding, and if the Cup is to be won next year there will have to be instituted a series of practice matches to improve the picking up and throwing in of the team. On several occasions we were not able to play a representative team owing to men scratching just before the match. This sort of thing ought not to be, as it upsets a team altogether, and men ought to give up everything when they have once promised to play, since at the last moment it is very difficult to fill up places with good men.

The practice ground was fairly well patronised, but not as well as it was hoped, and unless the new ground is better attended next year by members of the Cup team, we may as well give up all hope of winning the Cup. In batting Bond has come out at the head of the

averages with a good average of 28. He has made by far the most runs, and batted consistently through the season. Fernie has a good average, and most of the team have got respectable averages, though not nearly as good as they promised to be at the commencement of the season, the latter part of the season being very disastrous. In bowling Rose was the most useful, though Bond has a better average. Fernie and Skey have both bowled well at times, and Nunn started the season well, but fell off later. Bond did several startling performances, but can hardly be said to have been a perfectly reliable bowler.

## SUMMARY OF MATCHES.

## First Eleven.

		Bart's.	Opp.
Sat., May 12	Banstead Asylum	won	132
Thurs., May 17	Leatherhead School	drn*	196 for 73 for 4 wkts.
Sat., May 19	St. Margaret's, Twickenham	won	146
Sat., May 26	Maidenhead	won	168
Thurs., May 31	London Hospital†	won	178
Sat., June 2	Brixton	won	231 for 112 8 wkts.
Wednes., June 6	Kensington Park	won	264 for 51 9 wkts.
Sat., June 9	R. I. E. C., Cooper's Hill	lost	150 156 & 57 for 5 wkts.
Sat., June 16	Chelmsford	lost	146 174
Tues., June 19	St. Mary's Hospital†	won	221 173
Sat., June 23	Crystal Palace	lost	150 192
Sat., June 30	Banstead Asylum	drn*	221 for 54 for 8 wkts.
Mon., July 2	St. Thomas's Hospital†	lost	196 230
Wednes., July 18	Hornsey	lost	73 321
Matches played 14. Won 7. Lost 5. Drawn 2.			

## Second Eleven.

		lost	87	90
Sat., May 19	Barnet	lost		
Sat., July 7	Aldenham Grammar School	lost		

Matches played 3. Won 0. Lost 3. Drawn 0.

## ST. BARTHOLOMEW'S HOSPITAL v. CHELMSFORD.

Played at Chelmsford on Saturday, June 16th. We lost this match after a very close finish by 28 runs, the result being in doubt up to the fall of their eighth wicket. We had not a representative team, but notwithstanding this there was no excuse for the bad collapse that set in at the tail, for whilst the sixth wicket fell at 137, the whole side was out for 146.

We won the toss, and of course took the first innings. The start was as disastrous as the finish, Simmonds being clean bowled before a run was scored, and Bond caught at the wicket a run later. Farrington and Fernie then played carefully and well, running no risks and letting very few loose balls go. The total was raised to 54 before Fernie, playing too carefully at an easy ball, was bowled off his pads for a most useful 24. Farrington left at 61, having compiled 30 in careful style. Maturin followed in, and at once began to play in very free style. After lunch he scored still more quickly and made some very fine cuts, but he just failed to reach his half-century, as with the score at 141 for seven wickets he was yoked, and retired for 47 made in very taking style. Then ensued a dismal collapse, one batsman after the other being bowled off their legs, and it seemed as if an epidemic had set in. Rose was bowled in trying to cut a straight ball just when he seemed in for a good score, Nimmo was caught on the boundary and the innings closed for 146.

After the usual interval Chelmsford started their innings to the bowling of Rose and Skey. The first wicket fell at 7, and the second and third at 41; Rose at this point, being well on the spot, seemed to puzzle the batsmen a good deal. Five wickets were down for 57, and A. P. Lucas, who was playing grandly, could get no one to stay with him. However Copeland managed to stay and see Lucas make the winning hit, although he was often in difficulties, and the innings closed for 174, or 28 on. Lucas (76) was really the only one who could do anything with the bowling, and his innings was masterly. Never letting a loose ball go, he played a more careful game than in his earlier days, but still he showed us a glimpse of his well-known ability at the game.

Rose was our most successful bowler, his five wickets costing exactly 8 runs apiece, and up to a certain point none of the batsmen played him with any degree of confidence.

\* Innings declared closed.

† Inter-Hospital Cup Competition.

	ST. BART'S. HOSPITAL	SCORE.	CHELMSFORD.
H. Bond, c Lucas, b Newton	1	W. J. Gray, b Rose.....	22
E. G. Simmonds, b Newton	0	R. L. Whittaker, c Nunn, b	
H. Farrington, b Smethurst	30	Rose.....	3
J. F. Fernie, b Smethurst	24	A. P. Lucas, c Nunn, b Fernie	76
E. F. Rose, b Bury	23	H. Wiggett, b Rose.....	0
F. H. Maturin, b Smethurst	47	H. Gibson, b Skey.....	3
A. R. H. Skey, b Ballard	6	Rev. W. Bury, b Rose.....	0
J. W. Nunn, b Smethurst	1	H. Newton, b Fernie.....	8
F. H. Nimmo, c Newton, b		S. J. Ballard, c Maturin, b	
Ballard.....	2	Rose.....	9
H. J. Pickering, b Smethurst	0	C. A. Copeland, c Maturin,	
G. C. Marrack, not out	3	b Bond.....	39
Extras.....	9	J. D. Dixon, b Bond.....	1
		W. Smethurst, not out.....	1
		Extras.....	12
Total.....	146	Total.....	174
	Overs.	Maidens.	Runs. Wickets.
E. F. Rose	17	5	40 5
A. H. Skey	21	6	50 1
J. F. Fernie	12	2	30 2
H. Bond	9	0	26 2
J. W. Nunn	3	0	12 0

## SECOND ROUND INTER-HOSPITAL CUP TIE.

## ST. BARTHOLOMEW'S v. ST. MARY'S.

Played on the Guy's Ground at Honor Oak Park on Tuesday, June 19th. Fernie won the toss, and sent in Bond and Simmonds to open the innings. This pair played splendidly, and added one more to their already long list of long stands for the first wicket. Runs came very steadily, and it was not until 60 was on the board that Smellie got past Simmonds, who retired for a very pretty 33, which was made up of one four, five threes, six twos, twelve singles. Bond followed out at 73, of which he claimed 31. His hitting on the off side was as good as usual. Three wickets were down for 111 and six for 154. Fernie batted very nicely, driving the ball to the boundary time after time, till at 187 he got his leg in front of a straight one and retired for a finely played 47, made up of six fours, two threes, three twos, and eleven singles. He had played with great confidence, and seemed set for a big innings. Of the others Maturin stayed a while, and Stone played very nicely, the latter with Nunn putting on 26 for the last wicket.

The innings closed just before lunch for 221, a total which was augmented by no less than 49 extras. After lunch Conry and Squire faced Rose and Skey, and before Skey with a good ball got past Squire 48 had been put on. Conry and Sworder made a good stand, though the latter was three times missed—once before he had scored. Nine wickets were down for 144, but the last pair of batsmen, aided by very loose bowling and still worse fielding, raised the total to 173, thus making the match a good deal closer than it ought to have been.

Skey bowled very well at the start, but fell off afterwards. Rose always kept a good length, but Fernie appeared to be the most difficult. Barts, thus qualified for the Semi-Final Round of the Competition.

## SCORES.

ST. BART'S.	ST. MARY'S.
H. Bond, c Mathews, b Swoder.....	F. D. Conry, b Fernie.....
J. F. Fernie, l b w, b Smellie.....	M. F. Squire, b Skey.....
E. G. Simmonds, b Smellie.....	J. H. Bond, b Skey.....
H. Farrington, c Jackson, b	E. S. Sworder, b Stone.....
Bond.....	J. C. Smellie, b Rose.....
J. F. Fernie, l b w, b Smellie.....	F. J. Gaine, b Rose.....
F. W. Crossman, b Conry	A. S. Jackson, run out.....
E. F. Rose, b Sworder.....	C. S. Murray, not out.....
H. H. Pope, b Sworder.....	S. R. Mathews, b Stone.....
F. H. Maturin, b Smellie.....	W. Caley, c and b Fernie.....
G. W. Stone, b Smellie.....	J. Templeton, b Bond.....
A. R. H. Skey, b Sworder.....	Extras.....
J. W. Nunn, not out.....	
Extras.....	
Total.....	221
	Total.....

## ST. BART'S. HOSPITAL v. CRYSTAL PALACE.

Played at the Crystal Palace on Saturday, June 23rd. Through one of our men scratching on Friday we had to play one short in this match, and this probably lost us the match. Fernie again won the toss, and sent in Simmonds and Bond to commence our innings.

Simmonds was bowled at 4, but Skey, who followed, batted steadily and well, and helped Bond to add 42 runs for the second wicket when he was bowled. Then ensued a rot—Fernie was caught in the long field from a big hit, Pope and Maturin bowled, all three leaving with the total at 57. Then Nunn and Bond made a good stand, both playing with confidence, and it was not till 75 runs had been put on that Nunn left for a most useful and nicely played innings of 21. Two more wickets fell at 132, Bond being run out just when he seemed certain of his century. It was a very close thing, and it was unfortunate that the batsmen did not have the benefit of the doubt. Bond's innings was undoubtedly the best played for the Hospital during the season. He was not often in difficulties, and kept on scoring when the other batsmen were being quickly dismissed. His off drives were very fine, and included in his 76 were six fours, six threes, eight twos, and eighteen singles. There being only ten men, the innings closed for 150.

The Palace started badly, losing Barchard before a run was scored, but Nelson and Mitchell made a fine stand, and seemed likely to knock off the runs. Fernie and Skey, however, both bowled finely; the former on going on a third time found a spot, and getting a good deal of work on took five wickets for 28 runs. Skey all through bowled with very good length, and divided the wickets with Fernie.

## SCORES.

ST. BART'S.		CRYSTAL PALACE.			
H. Bond, run out	76	F. C. Barchard, b Skey	0		
E. G. Simmonds, b W. F. Umney	4	F. H. Nelson, b Fernie	69		
A. R. Skey, b Gowenlock	15	J. Aste, b Skey	17		
J. F. Fernie, c Forrester, b Gowenlock	2	C. Mitchell, b Fernie	69		
W. H. Pope, b Cosens	0	W. F. Umney, b Fernie	2		
F. H. Maturin, b Cosens	0	J. M. Gowenlock, b Fernie	4		
J. W. Nunn, b Cosens	21	S. Cousins, c Nunn, b Fernie	0		
F. H. Nimmo, c Gowenlock, b Nelson	0	H. W. Dillon, c sub, b Skey	0		
C. Wedd, not out	10	J. C. Umney, b Skey	5		
A. Hay, c Mitchell, b Aste	8	F. Bellamy, not out	9		
A. N. Other, absent		C. Forrester, b Skey	15		
Extras	14	Extras	2		
Total	150	Total	192		

## BOWLING ANALYSIS.

Overs.	Maidens.	Runs.	Wickets.
A. H. Skey	20	5	46
J. F. Fernie	27	5	67

INTER-HOSPITAL CUP COMPETITION.  
ST. BART'S HOSPITAL v. ST. THOMAS'S HOSPITAL.

## Semi-Final.

This tie was decided at Honor Oak, and after an exciting game ended in favour of St. Thomas's by 41 runs.

St. Thomas's having won the toss decided to bat first: the wicket was hard and fast, and considerably in favour of the batsmen, so that St. Thomas's, aided by some loose fielding on the part of the St. Bart's men, put together the respectable total of 236; the chief contributors being Yearsley, Leechman, and Rotherham. St. Bart's started badly on going in to bat; but, thanks to the fine innings of Fernie and Rose, 130 runs were made for the loss of five wickets; the next four wickets, however, fell for the addition of 19 runs, so that no less than 88 runs were required to win when the last man went in. Skey and Nunn, however, batted with considerable pluck, and added 46 runs for the last wicket; the innings eventually closing for 195 runs. Full score and analysis:

## ST. THOMAS'S HOSPITAL.

ST. BART'S HOSPITAL.	
Yearsley, c Bond, b Fernie	44
Harding, b Rose	7
Bingham, b Bond	23
Leechman, b Fernie	43
Rotherham, b Bond	43
Adair-Thompson, c Nunn, b Fernie	15
Ogilvie, c Nunn, b Rose	19
Sedgewick, b Bond	9
Elliott, b Fernie	6
Maurice, b Bond	12
Mogridge, not out	0
Extras	15
Total	236

  

ST. THOMAS'S HOSPITAL.	
H. Bond, c Sedgewick, b Adair-Thompson	22
E. G. Simmonds, run out	5
A. Farrington, b Bingham	1
J. F. Fernie, c Sedgewick, b Yearsley	42
E. F. Rose, b Bingham	39
F. W. Crossman, b Ogilvie	14
F. H. Maturin, c & b Bingham	6
G. W. Stone, b Bingham	0
W. H. Pope, b Bingham	5
J. W. Nunn, not out	25
A. R. H. Skey, b Yearsley	21
Extras	15
Total	195

## BOWLING ANALYSIS.—ST. THOMAS'S HOSPITAL.

	Overs.	Maidens.	Runs.	Wickets.
Rose	16	3	57	2
Skey	7	1	39	0
Fernie	14	4	44	4
Bond	12	1	42	4
Stone	3	0	17	0
Nunn	3	0	25	0

## BATTING AVERAGES.

	No. of Innings.	Times not out.	Total runs.	Highest score.	Average over 50.
1. H. Bond	15	1	392	100*	28 100* & 76
2. J. F. Fernie	12	0	254	57	21 16 57
3. W. H. Pope	11	1	217	72*	21 7 72*
4. E. G. Simmonds	12	1	204	49	18 54
5. A. R. H. Skey	14	6	147	21*	18 37
6. A. Farrington	7	0	121	54	17 28 54
7. F. W. Crossmann	4	0	71	56	17 75 56
8. E. F. Rose	8	0	130	43	16 25
9. G. W. Stone	5	0	84	39	16 8
10. F. H. Maturin	8	0	121	47	15 12
11. J. W. Nunn	14	2	153	35	12 75
12. J. M. Collyns	6	1	54	17	10 9

G. C. Marrack... 7 ... 3 ... 86 ... 45\* ... 21\*5

\* Signifies "not out."

## BOWLING AVERAGES.

Overs.	Maidens.	Runs.	Wickets.	Average.
H. Bond	103 1	31	215	25 8 6
E. F. Rose	116	37	205	27 10 9
J. W. Nunn	83 4	13	285	21 13 57
J. F. Fernie	120 1	26	330	24 13 8
A. R. H. Skey	160 2	35	434	29 14 9
G. W. Stone	34	5	106	5 21 2

G. C. Marrack	24	5	62	2	31
J. Johnston	4	2	9	1	9

## ASSOCIATION FOOTBALL CLUB.

ALTHOUGH the Association Club loses this year the services of their energetic captain, Mr. G. R. Fox, and of Mr. J. S. Mackintosh, there is every likelihood that the remainder of the team, together with the new men, will have a successful year.

Mr. G. R. Fox's place as captain is taken by Mr. J. F. Fernie, who, since his entry to the hospital, has been a regular player, and has always taken a keen interest in the welfare of the Club. Mr. R. P. Browne succeeds Mr. C. H. Hopkins as senior secretary, and will be assisted by Mr. L. E. Whitaker.

There are rumours of several good men coming up, so that with regular playing, and the consequent good combination, we have every reason to anticipate that at the end of the season we shall put an Association team in the field for the Inter-Hospital Cup which will be difficult to beat, and which, we hope, will restore to the Library table the Cup taken from us last year by Guy's.

The second eleven, under the captaincy of Mr. E. H. B. Fox, should maintain the good reputation which has been theirs for the last few years.

A very good ground has been secured at Lower Edmonton, which seems to be an improvement on last year's ground. Next year the new ground at Winchmore Hill will be in full

swing, and the Hospital teams will at last have a "home" of their very own. The list of fixtures for the coming season is, we think, if anything, better than that of last year; amongst them we may mention, Casuals, Gravesend United, Maidenhead, and Crouch End.

As in the case of the Rugby Club, it is urged that men will "cross" their names on the notice board early in the week, and so minimise, as far as possible, the work of the Secretaries.

### Abernethian Society.

SESSION 1894-95.

LIST OF PAPERS TO BE READ BEFORE THE SOCIETY.

June 21st.—A. WILLETT, F.R.C.S.—Life and Work of Edward Stanley, formerly Surgeon to the Hospital.  
 Oct. 11th.—SIR JAMES PAGET, F.R.S.—On Scientific Study in the Practice of Medicine and Surgery.  
 „ 18th.—REV. GEORGE HENSLAW.—Dietetic Value of Food Stuffs prepared by Plants.  
 „ 25th.—H. TOOTH, M.D.—On Functional and "Hysterical" Disorders.  
 Nov. 1st.—H. LEWIS JONES, M.D.—Paralysis of Upper Arm.  
 „ 8th.—W. S. A. GRIFFITH, M.D.—Common Difficulties of Lactation.  
 „ 15th.—R. GILL, M.B., F.R.C.S.—The Measure of Anaesthesia.  
 „ 22nd.—W. P. HERRINGHAM, M.D.—On Disorders of Movement.  
 „ 29th.—W. J. COLLINS, J.P., L.C.C.—The Pathology of Insanity.  
 Dec. 6th.—W. H. MAIDLAW, F.R.C.S.—Embryology in Surgery.  
 „ 13th.—J. BERRY, F.R.C.S.—Fractured Patella.  
 Jan. 10th.—T. LAUDER BRUNTON, M.D., F.R.S.—Mid-sessional Address.  
 „ 17th.—  
 „ 24th.—W. H. HAMER, M.D.—Mortality in Unhealthy Areas of Towns.  
 „ 31st.—R. C. BAILEY, M.S., F.R.C.S.—Enterectomy.  
 Feb. 7th.—W. B. PATERSON, L.D.S., F.R.C.S.—Some Medical and Surgical Aspects of Dental Caries.  
 „ 14th.—A. A. KANTHACK, M.D.—Tetanus and what it teaches.  
 „ 21st.—R. E. SCHOLEFIELD, M.D.—Rubella.  
 „ 28th.—F. D. CHATTAWAY, Ph.D.—Matches.  
 March 6th.—D'ARCY POWER, F.R.C.S.—Illnesses of Samuel Pepys and his Wife critically considered.  
 „ 13th.—W. H. JESSOP, F.R.C.S.—Thirteen Years in the Dissecting Room.  
 „ 20th.—ANNUAL GENERAL MEETING.

Before the reading of the papers all members are especially invited to show any cases of interest that they may have under their care.

At a Committee Meeting of the Abernethian Society held on July 13th, 1894, it was decided to ask the School Committee for their co-operation in arranging for the celebration of the Centenary of the Abernethian Society.

The School Committee appointed Mr. Willett, Mr. Bowlby and Dr. Shore to act with the Committee of the Abernethian Society.

Mr. W. H. Cross has also been asked for his assistance, and has very kindly promised to give it.

### St. Bartholomew's Hospital Smoking Concert Club.



THE First Concert of the Season will be given on Saturday, October 27th, in the French Room at St. James's Restaurant, Piccadilly, W. Tickets 1s. each. Member's ticket for the season, to admit member and *one friend* to each Concert, 5s.

Members and intending members are requested to pay their subscriptions on or before October 24th to the Treasurer (Mr. J. C. Padwick), or to the Hon. Secs., Messrs. D. L. E. Bolton and C. E. Hogan.

### Volunteer Medical Staff Corps.

At the beginning of a new session, and of a new volunteer year, it is as well to draw the attention of students of this hospital to the fact that the third Company of this corps is recruited exclusively from students of St. Bartholomew's and St. Thomas's Hospitals.

This Company is in a most flourishing condition, and is nearly up to its complement in men, and quite so in officers; Surgeon-Captains H. Work Dodd and G. Sims Woodhead, and Surgeon-Lieutenant H. J. Waring being in charge of it.

The drills of the Company are arranged so as not to interfere with the hospital work of students, and take place quite close to the hospital, in Charterhouse Square.

At Easter the Corps goes to Netley Royal Military Hospital, and in August to Aldershot, to train with the Regulars. To quote from a letter received in these columns about a year ago :

"These outings are most enjoyable; we come into contact with students from eight other Metropolitan Schools, and our common life in camp promotes good fellowship among London medical students, and friendships are formed that might never otherwise have been."

The expenses on joining are a 10s. entrance fee, and a 10s. annual subscription. There is a Gymnasium and Shooting Club at Headquarters, which supplement the Hospital Amalgamated Clubs.

Intending recruits can get further information from any member of the Corps, and especially from any one of the following :

Staff-Sergeant Owles, Sergeants Codrington, McKinney, Dunn, or Compton, or Corporal Granville.

#### ORDERLY ROTA FOR OCTOBER—NOVEMBER.

Lance-Sergeant Dunn and Lance-Corporal Williams, from 16th October to 23rd October.

Lance-Sergeant Compton and Lance-Corporal Wells, from 23rd October to 30th October.

Corporal Granville and Lance-Corporal Cazaly, from 30th October to 6th November.

Sergeant McKinney and Lance-Corporal Meade, from 6th November to 13th November.

Next for duty:—Lance-Sergeant Dunn and Lance-Corporal Williams.

Parades.—Barnes Common (October 6th). Harrow (October 13th). Chelsea Barracks (October 27th). (For particulars see Notice-board.) Distribution of prizes, November 31st. To be followed by a dance.

### Annual Dinner of Old Students.



ON October 1st the Annual Dinner of Old Students was held in the Great Hall of the Hospital, and was a most successful gathering. Over 120 old students and guests were present. The arrangements, thanks to the energetic Honorary Secretary, Dr. Hensley, were admirably carried out. The Chairman was Dr. Thorne Thorne, C.B., F.R.S., and he was supported by Sir James Paget, Sir William Savory, and most of the Hospital Staff, as well as by several guests, amongst whom were Sir Richard Quain, Bart., Sir William Flower, Sir Frederick Abel, Professor Allbutt, Professor Roy, Professor Charles Stewart, and Dr. T. W. Barry and Mr. C. N. Dalton of the Local Government Board. After dinner, the Chairman proposed the loyal toasts of "The Queen" and "Prince of Wales, Princess of Wales, and Royal Family." These having been duly honoured, Sir Frederick Abel, who was formerly a Lecturer on Chemistry in the Medical School, proposed the "Army, Navy, and Reserve Forces." Sir William Flower responded, and referred to the much-debated question of rank and status of army surgeons. He regards the agitation for military rank to be a mistake, and considers that the

status of army surgeons will rise just in proportion as they ally themselves to their medical brethren outside the army. They are medical men first and soldiers afterwards.

Dr. Thorne Thorne then proposed the toast of the evening, "Prosperity to St. Bartholomew's Hospital and School, and the Health of all Old Students." In the course of his remarks he referred to the progressive character of Medicine, and designated St. Bartholomew's as the progressive Medical School. The great increase in the number of operations, which has necessitated the construction of an additional Operating Theatre, was referred to, as well as the great increase of late years in the Nursing Staff. He reminded his hearers, also, of the way in which the needs of the five years' curriculum had been met by the appointment of additional teachers, and by the fitting up of Bacteriological, Pathological, Biological, and Public Health Laboratories. Most remarkable, he said, was the great impetus given to Pathology by the appointment of a Pathological Specialist—Dr. Kanthack. The mention of the munificent gift by Sir Trevor Lawrence of a Research Studentship in Pathology was well received. Old students, too, were glad to hear of the care for the physical as well as mental culture which the authorities of the School have shown by the purchase of the recreation ground at Winchmore Hill. Mr. Barrow, of Ryde, Isle of Wight, who was the most senior Bart.'s man present, responded, and remarked that he entered the School that day sixty-two years ago, and listened to an address by Sir William Lawrence. Although the address was admirable, he himself preferred the present system of an Old Student's Dinner in the Great Hall to hearing an address in the Lecture Theatre. He recalled many of the incidents of his student's life, and claimed that although they in those days had their fun, they nevertheless did their work as well as the present students.

Mr. Henry Power, Consulting Ophthalmic Surgeon to the Hospital, then proposed in a gracious speech the health of the most recent member of the Hospital Staff, Mr. W. H. Jessop, who responded admirably, telling some of the amusing incidents of his recent canvass.

Dr. Church gave the health of the "Guests," and Sir Richard Quain, Bart., responded, as well as Professor Allbutt, Regius Professor of Physic at Cambridge.

Sir James Paget, than whom there is no one that Bart.'s men delight more to hear, proposed in well-chosen words the health of the Chairman, and Dr. Thorne-Thorne gracefully replied. The Chairman then gave the health of Dr. Hensley, the Honorary Secretary, who replied in a neat and humorous speech. Dr. Hensley is certainly to be congratulated on the success of this Annual Dinner. After dinner, coffee was served in the Library of the Medical School, and there many "Old Bart.'s men" met together again to talk of old times and compare notes of their doings to-day.

### Junior Staff Appointments.

THE following appointments have been made for the next six months :

#### HOUSE PHYSICIANS TO :

	SENIOR.	JUNIOR.
<i>Dr. Church</i> .....	R. Sevestre, M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P.	F. H. Lewis, B.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S.
<i>Dr. Gee</i> .....	L. C. Thorne-Thorne, M.B., B.S.Durh., M.R.C.S., L.R.C.P.	B. Collyer, M.B., Lond., M.R.C.S., L.R.C.P.
<i>Sir D. Duckworth</i> ...	G. C. Garratt, B.A., M.B., B.C.Cantab.	J. D. Rawlings, M.R.C.S., L.R.C.P.
<i>Dr. Hensley</i> .....	R. A. Walter, M.R.C.S., L.R.C.P.	C. H. Perram, M.B., Lond., M.R.C.S., L.R.C.P.

#### HOUSE SURGEONS TO :

	SENIOR.	JUNIOR.
<i>Mr. Smith</i> .....	H. J. Walton, M.R.C.S., L.R.C.P.	A. M. Mitchell, M.A., M.B., B.C.Cantab.
<i>Mr. Willett</i> .....	J. S. Sloane, B.Sc.Lond., M.R.C.S., L.R.C.P.	F. Belben, M.A., M.B., B.C.Cantab., F.R.C.S.
<i>Mr. Langton</i> .....	J. B. Christopherson, B.A., M.B., B.C.Cantab.	T. A. Bowes, B.A., M.B., B.C.Cantab.
<i>Mr. Marsh</i> .....	E. W. Cross, M.R.C.S., L.R.C.P.	E. S. Humphry, M.R.C.S., L.R.C.P.
<i>Mr. Butlin</i> .....	F. E. A. Colby, B.A., M.B., B.C.Cantab.	F. Fraser, M.R.C.S., L.R.C.P.

**OPHTHALMIC HOUSE SURGEON.**—J. Morrison, M.B.Lond., M.R.C.S., L.R.C.P.

#### MIDWIFERY ASSISTANTS :

INTERNAL.—W. H. Maidlow, M.B.Durh., F.R.C.S.  
EXTERNAL.—E. C. Frend, M.R.C.S., L.R.C.P.

#### ASSISTANT CHLOROFORMISTS :

SENIOR.—G. P. Shuter, M.A., M.B., B.C.Cantab.  
JUNIOR.—C. Buttar, M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P.

### Clinical Lectures for the Session.

THE following Clinical Lectures will be given during the Winter Session :

#### Medical.—Fridays, at 1 p.m.

October 12th.—Sir Dyce Duckworth.  
" 19th.—Dr. Hensley.  
" 26th.—Dr. Church.  
November 2nd.—Dr. Gee.  
" 9th.—Sir Dyce Duckworth.  
" 16th.—Dr. Hensley.  
" 23rd.—Dr. Church.  
" 30th.—Dr. Gee.  
December 7th.—Sir Dyce Duckworth.  
" 14th.—Dr. Hensley.

#### Surgical.—Wednesdays, at 2.45 p.m.

October 10th.—Mr. Smith.  
" 17th.—Mr. Marsh.  
" 24th.—Mr. Marsh.  
" 31st.—Mr. Marsh.  
November 7th.—Mr. Butlin.  
" 14th.—Mr. Smith.  
" 21st.—Mr. Butlin.  
" 28th.—Mr. Langton.  
December 5th.—Mr. Langton.  
" 12th.—Mr. Langton.

**Gynaecological.**—Thursdays, at 9, until Christmas.  
By Dr. Champneys.

### Cases Worth Seeing.

#### SURGICAL.

Lucas, Bed No. 15, recurrent thyroid tumour.  
Colston, Bed No. 11, abdominal tumour.

### Award of Entrance Scholarships.

THE competition for the Entrance Scholarships took place on September 26th and following days, with the following result:

SENIOR OPEN SCHOLARSHIP IN CHEMISTRY AND PHYSICS (£75).

A. L. Ormerod, B.A., New College, Oxford.

SENIOR OPEN SCHOLARSHIP IN BIOLOGY AND PHYSIOLOGY (£75).

W. Langdon Brown, B.A., St. John's College, Cambridge.

JUNIOR OPEN SCHOLARSHIP IN BIOLOGY, CHEMISTRY, AND PHYSICS (£50).

Æq. { F. C. Borrow.

S. R. Scott.

PRELIMINARY SCIENTIFIC EXHIBITION IN BIOLOGY, CHEMISTRY, AND PHYSICS (£50).

L. A. Walker.

JEAFFRESON EXHIBITION IN MATHEMATICS AND CLASSICS (£20).

C. Ridout.

We congratulate all these "Freshers" on their success. A. L. Ormerod took his degree at Oxford with a First Class in Chemistry in the Final Honours School of Natural Science. W. Langdon-Brown took a high degree in Physiology at Cambridge, and was for some time one of the Student Demonstrators in the Physiological Laboratory there.

F. C. Borrow and S. R. Scott are hardly strangers. These were both students in the Preliminary Scientific Class last year, and both of them obtained honours in Zoology at the Preliminary Scientific Examination last July.

L. A. Walker also was in the Preliminary Scientific Class last year. C. Ridout joins us now for the first time. He was educated at Sherborne School, and has passed the London Matriculation Examination, and he is now working for the Preliminary Scientific.

### Appointments.

MR. R. G. HOGARTH, F.R.C.S., L.R.C.P., to be Junior Resident Medical Officer to the Nottingham General Hospital.

MR. E. L. PAWLETT, M.R.C.S., L.R.C.P., to be Junior Assistant Medical Officer to the Cornwall County Asylum, Bodmin.

MR. W. ROYDEN, M.R.C.S., L.R.C.P., to be Medical Officer to the Union of East and West Fleggs.

### ADMIRALTY.

In the *London Gazette* of Friday, August 31st.

SURGEON JOHN LEWIS BAGNALL-OAKELEY was promoted to the rank of Staff-Surgeon in Her Majesty's Fleet.

### Obituary.

SECOND YEAR'S MEN and members of the Rugby Football Club will hear with much regret of the death of one of their number—Herbert Victor Gwynn, which took place on Friday, September 21st last. Young Gwynn, who was the only surviving son of Dr. E. Gwynn, of Rosslyn Hill, N.W., went abroad for his summer holiday, and whilst away contracted enteric fever, from the effects of which he died at Hampstead on September 21st. Gwynn was popular amongst his fellows, and a very promising member of the Rugby Football Team. He was a steady, hard-working man, and had passed all his examinations up to date, viz. in Bones and Biology in March, and in Chemistry in July. It is sad to think that only a year ago he entered on his medical course with bright prospects and every hope for a successful career. But—

"This is the state of man; to-day he puts forth  
The slender leaves of hope, to-morrow blossoms  
And bears his blushing honours thick upon him;  
The third day comes a frost; a killing frost;  
And,—when he thinks, good easy man, full surely  
His greatness is a ripening—nips his fruit  
And then he falls."

The members of the Rugby Club and Gwynn's other friends at the Hospital are sending a wreath for the grave; they did not, unfortunately, hear of the sad event until too late to send the wreath to the funeral.

We cannot but express our deepest sympathy with Gwynn's family, an elder brother having died only a few months ago through meningitis supervening upon an injury sustained at football.

### Births.

GARROD.—Aug. 24, at 9, Chandos-street, Cavendish-square, W., the wife of Archibald E. Garrod, M.D., of a son.

SQUARE.—Aug. 26, at 22, Portland-square, Plymouth, the wife of J. Elliott Square, F.R.C.S., of a son.

DAY.—Sep. 7, at Surrey-street, Norwich, the wife of Donald D. Day, F.R.C.S., of a son.

NICHOLL.—Sep. 6, at Saintbury, Upper Clapton, N.E., the wife of T. Vere Nicholl, M.R.C.S., L.R.C.P., of a son, prematurely.

BROWN.—Sep. 15, at 56, Rectory-road, Stoke Newington, N., the wife of Reginald Brown, M.R.C.S., L.R.C.P., of a son.

### Marriages.

LONG—LAIDLAW.—Aug. 23, at St. Mary's Catholic Church, Croydon, Frank Thorby Long, M.R.C.S.Eng., L.R.C.P. Lond., eldest son of Frank Long, of Wallington, Surrey, to Elizabeth Gray, eldest daughter of the late James Laidlaw, of Ceylon.

WOOLLCOMBE—CARDEW.—Aug. 2, at Christchurch, Lee, Walter Ley Woolcombe, F.R.C.S.E., son of W. Woolcombe, Esq., of Plympton, Devon, to Kate Hilda, daughter of Major-General H. Cardew, late R.A.

ALCOCK—RICHARDSON.—On Sept. 6, at South Hackney Church, Richard Alcock, M.D., of Goole, Yorks, to Edith, daughter of the late R. D. Richardson, Esq., of Hackney.

COLES—ELLIS.—On Sep. 5, at St. Andrew's, Hillingdon, Charles Coles, M.D. Lond., of Leicester, to Clara E. Ellis, of Hillingdon-road, Uxbridge.

CUTTING—PATERSON.—On Sep. 5, at Chingford, Ernest B. Cutting, M.R.C.S., L.R.C.P., of Stalham, Norfolk, to Agnes Emma, daughter of the late W. J. Paterson, of Bouvierie-street, London.

CHATTAWAY—BETTNEY.—On Aug. 14, at Birmingham, F. D. Chattaway, B.A., Ph.D., D.Sc., to Elizabeth Bettney, of Birmingham.

### Death.

GWYNN.—On Sept. 21, from enteric fever, Herbert Victor, only surviving son of E. Gwynn, M.D., Rosslyn Hill, N.W., aged 19.

ACKNOWLEDGEMENTS.—*Guy's Hospital Gazette*.